

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Gary Edward Trewiler	:	
Serial No.:	10/713,493	:	Group No.:
Filed:	November 14, 2003	:	Examiner:
For:	METHOD FOR REPAIRING GAS TURBINE ROTOR BLADES	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated July 26, 2007 and made final (12 pgs.)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of months has already been secured. The fee paid
therefor \$ is deducted from the total fee due for the total months
of extension now requested.

Extension fee due with this request \$

OR

(b) Applicant believes that no extension of term is required. However, this
conditional petition is being made to provide for the possibility that
applicant has inadvertently overlooked the need for a petition for extension
of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+ \$180.00 = \$	+ \$360.00 = \$
			TOTAL ADDITIONAL FEE \$	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

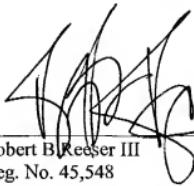
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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